

RECEIVED

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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

AMENDMENT

2010 MAY -6 PM Public Document

BY

Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Torlakson	Tom		
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Legislature

Division, Board, District, if applicable:

State Assembly

Your Position:

Assembly Member, District 11

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency:

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial Date: ____/____/____

☒ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____ through December 31, 2009.

☐ Leaving Office Date Left ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed MAY 6 2010

Signature _____
(Filing Official)

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

► NAME OF SOURCE
District 11 Staff *

ADDRESS (Business Address Acceptable)
815 Estudillo Street Martinez, CA 94553

BUSINESS ACTIVITY, IF ANY, OF SOURCE
State Assembly employees

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 22 / 09	\$ 220.00	wedding gift
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Verification

Print Name Tom Torlakson

Office, Agency or Court State Assembly

Statement Type ☐ 2009/2010 Annual ☐ Assuming ☐ Leaving
☒ 09 Annual ☐ Candidate
(17)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

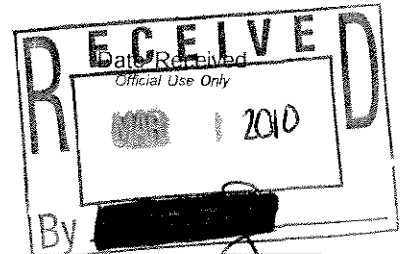
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed MAY 1 2010

Signature _____

Comments: * All sources of this gift contributed less than \$50.00 each.

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE



2010 MAR -1 PM 5:08
A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Torlakson	Tom	A	([REDACTED])
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
OPTIONAL: E-MAIL ADDRESS			

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California State Legislature

Division, Board, District, if applicable:

State Assembly

Your Position:

Assembly Member, District 11

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

- ☒ State
- ☐ County of _____
- ☐ City of _____
- ☐ Multi-County _____
- ☐ Other _____

3. Type of Statement (Check at least one box)

- ☐ Assuming Office/Initial Date: ____/____/____
- ☒ Annual: The period covered is January 1, 2009, through December 31, 2009.
- or-
- ☐ The period covered is ____/____/____, through December 31, 2009.
- ☐ Leaving Office Date Left: ____/____/____ (Check one)
- ☐ The period covered is January 1, 2009, through the date of leaving office.
- or-
- ☐ The period covered is ____/____/____, through the date of leaving office.
- ☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 7

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investment/S (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investment/S (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed MARCH 1, 2010
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Torlakson, Tom

► STREET ADDRESS OR PRECISE LOCATION

3420 Tabora Drive

CITY

Antioch, CA 94509

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/09 ____/____/09
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

Citi Mortgage

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

Mortgage Loan Company

INTEREST RATE

5.65

% ☐ None

TERM (Months/Years)

30 years

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Torlakson, Tom</u>

▶ NAME OF SOURCE
Capital Athletic Club

ADDRESS (Business Address Acceptable)
1515 8th St Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
fitness center/club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 01 / 09</u>	<u>\$ 294.00</u>	<u>3 mo free membership</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
California Democratic Party

ADDRESS (Business Address Acceptable)
1401 21 St, Suite 200 Sacramento, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political party organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 08 / 09</u>	<u>\$ 73.27</u>	<u>dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
California Alliance of African American Educators

ADDRESS (Business Address Acceptable)
PO Box 3134 San Jose, CA 95156

BUSINESS ACTIVITY, IF ANY, OF SOURCE
advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 24 / 09</u>	<u>\$ 50.00</u>	<u>CAAAE breakfast</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Bass for Assembly

ADDRESS (Business Address Acceptable)
777 S Figueroa St, Suite 4050 Los Angeles 90017

BUSINESS ACTIVITY, IF ANY, OF SOURCE
political campaign

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 08 / 09</u>	<u>\$ 72.51</u>	<u>jacket</u>
<u>01 / 08 / 09</u>	<u>\$ 11.95</u>	<u>meals at policy summit</u>
<u>01 / 26 / 09</u>	<u>\$ 59.55</u>	<u>Dem Freshman dinner</u>

▶ NAME OF SOURCE
Vikky Anders

ADDRESS (Business Address Acceptable)
2687 Hornblend St San Diego, CA 92109

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 19 / 09</u>	<u>\$ 70.00</u>	<u>CopleyYMCAbreakfast</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Maureen Kindel

ADDRESS (Business Address Acceptable)
13031 Villosa Pl, Unit #108 Playa Vista, CA 90066

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 29 / 09</u>	<u>\$ 75.00</u>	<u>LA Chamber dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Torlakson, Tom

► NAME OF SOURCE

Amgen

ADDRESS (Business Address Acceptable)

601 13th NW, 12th Floor Washington DC 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE

biotechnology company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 12 / 09	\$ 300.00	AmgenTour of CAGala
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Central Labor Council of Contra Costa County

ADDRESS (Business Address Acceptable)

1333 Pine St, Suite E Martinez, CA 94553

BUSINESS ACTIVITY, IF ANY, OF SOURCE

labor organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 16 / 09	\$ 50.00	CA Labor Fed dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Silicon Valley Leadership Group

ADDRESS (Business Address Acceptable)

224 Airport Parkway, Suite 620 San Jose, CA 95110

BUSINESS ACTIVITY, IF ANY, OF SOURCE

business advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 01 / 09	\$ 45.00	reception
07 / 22 / 09	\$ 45.00	roundtable dinner
10 / 30 / 09	\$ 35.00	public policy luncheon

► NAME OF SOURCE

Altura Credit Union

ADDRESS (Business Address Acceptable)

2847 Campus Parkway Riverside, CA 92507

BUSINESS ACTIVITY, IF ANY, OF SOURCE

banking company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 26 / 09	\$ 75.00	NAACP awards dinner
/ /	\$	
/ /	\$	

► NAME OF SOURCE

EdVoice

ADDRESS (Business Address Acceptable)

1107 9th St, Suite 680 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

education advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 24 / 09	\$ 71.65	legislative reception
/ /	\$	
/ /	\$	

► NAME OF SOURCE

Pechanga Band of Luiseno Mission Indians

ADDRESS (Business Address Acceptable)

PO Box 1477 Temecula, CA 92593

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Indian gaming organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 10 / 09	\$ 12.95	lunch
04 / 10 / 09	\$ 56.21	buffet dinner
/ /	\$	

Comments:

SCHEDULE D
Income – Gifts

Name

Torlakson, Tom

► NAME OF SOURCE

Fight Crime: Invest in Kids California

ADDRESS (Business Address Acceptable)

414 13 St, Suite 700 Oakland, CA 94612

BUSINESS ACTIVITY, IF ANY, OF SOURCE

anti-crime non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 29 / 09</u>	<u>\$ 50.00</u>	<u>framed artwork</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Avia Napa Hotel

ADDRESS (Business Address Acceptable)

1450 1st St Napa, CA 94559

BUSINESS ACTIVITY, IF ANY, OF SOURCE

hotel business

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>08 / 30 / 09</u>	<u>\$ 139.00</u>	<u>1 night free stay</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Bay Area Council

ADDRESS (Business Address Acceptable)

201 California St, Suite 1450 San Francisco 94111

BUSINESS ACTIVITY, IF ANY, OF SOURCE

advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 14 / 09</u>	<u>\$ 190.00</u>	<u>2 tix reception/dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Bonnie J Addario Lung Cancer Foundation

ADDRESS (Business Address Acceptable)

601 4th St, Suite 215 San Francisco, CA 94107

BUSINESS ACTIVITY, IF ANY, OF SOURCE

advocacy non-profit organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>07 / 29 / 09</u>	<u>\$ 102.50</u>	<u>UCSF reception/dinner</u>
<u>08 / 03 / 09</u>	<u>\$ 180.00</u>	<u>UCSF gala</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

Airport Commission City/County of San Francisco

ADDRESS (Business Address Acceptable)

PO Box 8097 San Francisco, CA 94128

BUSINESS ACTIVITY, IF ANY, OF SOURCE

city/county commission

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 06 / 09</u>	<u>\$ 159.00</u>	<u>parking permit use</u>
<u>11 / 12 / 09</u>	<u>\$ 78.00</u>	<u>parking permit use</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

James Ramos

ADDRESS (Business Address Acceptable)

26569 Community Center Dr Highland, CA 92346

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Tribal Chair, San Manuel Band of Mission Indians

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 24 / 09</u>	<u>\$ 50.00</u>	<u>SEBA awards dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Torlakson, Tom

► NAME OF SOURCE
George Snyke and Jim Sergeant
ADDRESS (Business Address Acceptable)
128 West Elk St, # D Glendale, CA 91204
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 21 / 09</u>	<u>\$ 70.00</u>	<u>wedding gift</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Narciso and Percy Yusi
ADDRESS (Business Address Acceptable)
548 Parrott Drive San Mateo, CA 94402
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 21 / 09</u>	<u>\$ 100.00</u>	<u>wedding gift</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
John and Pauline Papini
ADDRESS (Business Address Acceptable)
PO Box 361 Oakley, CA 94561
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 22 / 09</u>	<u>\$ 50.00</u>	<u>wedding gift</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Erika, Anthony and Louie Diestro
ADDRESS (Business Address Acceptable)
92 Kearney St, South San Francisco, CA 94080
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 21 / 09</u>	<u>\$ 50.00</u>	<u>wedding gift</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Jim and Janet Frazier
ADDRESS (Business Address Acceptable)
24 West Cypress Place Oakley, CA 94561
BUSINESS ACTIVITY, IF ANY, OF SOURCE
Oakley City Council

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 22 / 09</u>	<u>\$ 50.00</u>	<u>wedding gift</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE
Carolyn Robinson
ADDRESS (Business Address Acceptable)
PO Box 487 Martinez, CA 94553
BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11 / 22 / 09</u>	<u>\$ 50.00</u>	<u>wedding gift</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Torlakson, Tom

▶ NAME OF SOURCE
 Bob and Ria Van Vliet
 ADDRESS (Business Address Acceptable)
 1253 Fetzer Lane Oakley, CA 94561
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 22 / 09	\$ 50.00	wedding gift
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 Paul and Grace Fong
 ADDRESS (Business Address Acceptable)
 21060 Rainbow Drive Cupertino, CA 95014
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 State Assembly Member

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 22 / 09	\$ 50.00	wedding gift
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 District 11 Staff
 ADDRESS (Business Address Acceptable)
 815 Estudillo Street Martinez, CA 94553
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 State Assembly employees

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 22 / 09	\$ 220.00	karaoke machine
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 James Hershey
 ADDRESS (Business Address Acceptable)
 3650 Blue Gum Drive Yorba Linda, CA 92886
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 01 / 09	\$ 63.00	wedding gift
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 American Israel Public Affairs Committee
 ADDRESS (Business Address Acceptable)
 251 H St, NW Washington, DC 20001
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 political advocacy organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 09	\$ 180.00	2 tix reception/dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____